

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Christian Kawalski
Address: 45 Chestnut Corner, Lancaster, NY 14086
Phone Number: (716) 901-4567

2. a. Title of Town Position: Youth Board

b. Department, Agency, or other Governmental Agency or Entity:
Lancaster Youth Bureau

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.

Address & S.B.L. Number

Primary: N/A

Other: N/A

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).

Position

Organization

Address of Organization

N/A

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

N/A

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

N/A

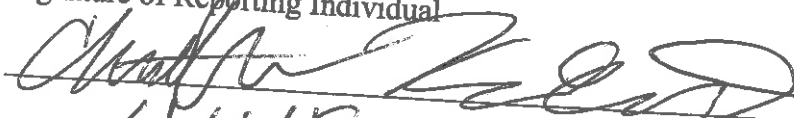
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual



Date

4/1/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: ALAN KURTZMAN
Address: 6034 SAMANTHA Lane Clarendon N.Y 14032
Phone Number: 406-2081

2. a. Title of Town Position: Secretary

b. Department, Agency, or other Governmental Agency or Entity:

I.D.A.

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.

Address & S.B.L. Number

Primary: 16 Central Ave 145203-104.82-1-7

Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).

Position

Organization

Address of Organization

NA

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

LANCASTER NEW YORK Stone CORP	16 Central Ave Lancaster	PRES
16 Central Ave CORP	16 Central Ave Lancaster	PRES

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

Janelle KUNTZMAN Interiors

Interior design firm

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donors and dollar amount: *(If none, please state not applicable, NA).*

NA

Signature of Reporting Individual

Date

1/27/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

RECEIVED
TOWN OF LANCASTER, NY
MAR 14 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Daniel W. Lipke
Address: 12 Saint Anthony Street, Lancaster NY
Phone Number: 716 - 860 - 5321 14086

2. a. Title of Town Position: Youth Inm Board Member

b. Department, Agency, or other Governmental Agency or Entity:

N/A

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.

Address & S.B.L. Number

Primary: N/A

Other: N/A

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).

Position

Organization

Address of Organization

N/A

N/A

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

NA

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NA

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

NA

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NA

Signature of Reporting Individual

Daniel Lipitz

Maria C. Lipitz
3/14/2019

Date 3/14/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE JAN 23 2019
TOWN OF LANCASTER

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Kevin Loftus
Address: 3 Old Schoolhouse Rd. Lancaster
Phone Number: 207-7492

2. a. Title of Town Position: Town Attorney

b. Department, Agency, or other Governmental Agency or Entity:

Law Department

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.

Address & S.B.L. Number

Primary: 3 Old Schoolhouse Rd. Lancaster NY 116.03-1-41

Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).

Position

Organization

Address of Organization

<u>Partner</u>	<u>Chelus, Hrabitz, Spencer + Monte P.C.</u>	<u>438 Main St.</u>
		<u>Buffalo NY 14203</u>

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

Chlus, Hurdzik, Speyer + Monte P.C. 438 Main St. Partner
Buffalo NY

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NA

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

NA

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donors and dollar amount: *(If none, please state not applicable, NA).*

NA

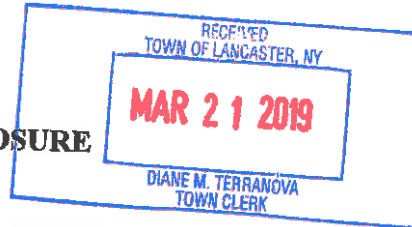
Signature of Reporting Individual

K-Sp

Date

1/17/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Joseph L. Maciejewski
Address: 96 OLDE STONE LN
Phone Number: (716) 867-5869
2. a. Title of Town Position: Member Youth Board
- b. Department, Agency, or other Governmental Agency or Entity:

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.
- Address & S.B.L. Number
- Primary: 96 OLDE STONE LN - 116.05-2-10.160
Other: 92 OLDE STONE LN - 116.05-2-10.1692
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).

Position

Organization

Address of Organization

NA

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. If none, please state not applicable (NA).

Name of Corporation
or Limited Partnership

Address

Position

NA

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. If none, please state not applicable (NA).

Hurst School Leverage / Football
Officer

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. If none, please state not applicable (NA).

NA

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: (If none, please state not applicable, NA).

NA

Signature of Reporting Individual

Date

3-27-19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

RECEIVED
TOWN OF LANCASTER, NY

MAR 14 2019

DIANE M. TERRANOVA
TOWN CLERK

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Cesar Marchioli
Address: 2 Primrose Ln. Williamsville, NY 14221
Phone Number: 716-631-3234
2. a. Title of Town Position: Youth Bureau Board Meeting member
b. Department, Agency, or other Governmental Agency or Entity:
Lancaster Youth Bureau
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.
Address & S.B.L. Number
Primary: 3905 Bowen Rd. #46 Lancaster
Other: _____
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).

Position

Organization

Address of Organization

NA

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

NA

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NA


7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

NA

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donors and dollar amount: *(If none, please state not applicable, NA).*

NA

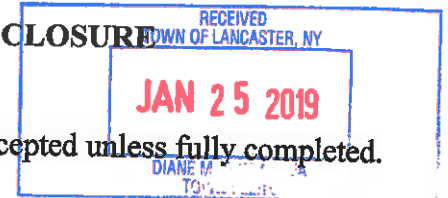
Signature of Reporting Individual



Date

3/14/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Anthony J. Marrano
Address: 45 Hill Valley Dr., Lancaster, NY 14086
Phone Number: (716) 685-4652

2. a. Title of Town Position: Youth Board

b. Department, Agency, or other Governmental Agency or Entity:

Youth Bureau

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number

Primary: 45 Hill Valley Dr., Lancaster 145289 93.4-5-1

Other: N/A

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

N/A

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

N/A

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

N/A

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

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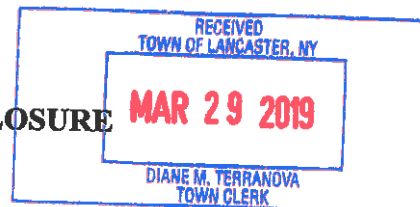
N/A

Signature of Reporting Individual



Date 1/17/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Kristin J. McCracken
Address: 752 Hall Road Lancaster NY 14086
Phone Number: 716 807 4932

2. a. Title of Town Position: Planning Board Member

b. Department, Agency, or other Governmental Agency or Entity:
Town of Lancaster

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number
Primary: 128.00-3-17
Other: 128.00-3-18 Also primary

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>N/A</u>		

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

N/A

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

N/A

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

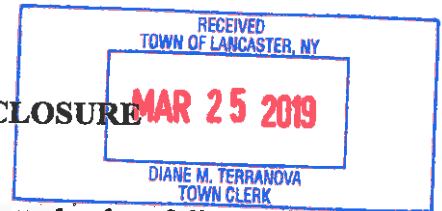
N/A

Signature of Reporting Individual

Kristin J. McChesney

Date 3-24-2019

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Mark Melewski
Address: 9 Parliament LN, Lancaster, NY 14086
Phone Number: 716-228-8447

2. a. Title of Town Position: DAPC, Chairman

b. Department, Agency, or other Governmental Agency or Entity:
Lancaster Youth Bureau

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number

Primary: 9 Parliament LN, Lancaster, NY 14086, 127.09-2-33

Other: —

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>Owner / Consultant</u>	<u>EECG Consulting, LLC</u>	<u>5651 Main St</u> <u>Suite 8-133</u> <u>Williamsville, NY</u> <u>14220</u>

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

N/A

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

N/A

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

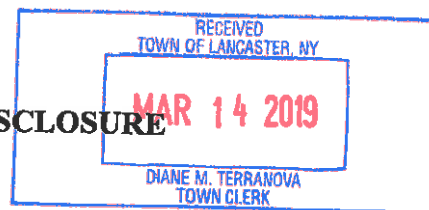
Signature of Reporting Individual

Mah Meo

Date

3/21/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: JOHN MIKOLEY
Address: 49 PARK BOULEVARD
Phone Number: 716-983-1233

2. a. Title of Town Position: MEMBER

- b. Department, Agency, or other Governmental Agency or Entity:
ZONING BOARD OF APPEALS

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number
Primary: 49 PARK BOULEVARD 115.26-2-11
Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

_____	_____	_____
_____	_____	_____

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

GILDED MAPLE, LLC 4 WEST MAIN ST. LANCASTER MEMBER

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

REAL ESTATE SALES

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

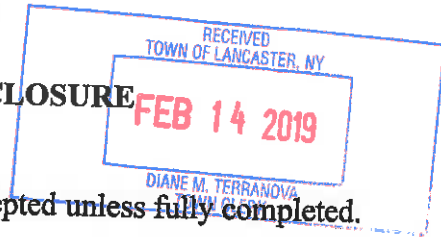
Signature of Reporting Individual



Date

3-13-19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: JOYCE A. MOLINO
Address: 25 OLD Schoolhouse LANCASTER NY
Phone Number: 683-7687

2. a. Title of Town Position: Assessment Review Board

b. Department, Agency, or other Governmental Agency or Entity:

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number

Primary: 25 OLD Schoolhouse 116-03-1-50

Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

X

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

X

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

X

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

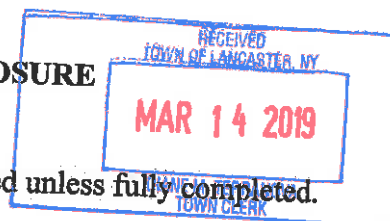
Signature of Reporting Individual

Jane K. Anderson

Date

2/1-19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: JILL MONACELLI
Address: 440 LAKE AVE., LANCASTER
Phone Number: 716-598-0500

2. a. Title of Town Position: ZONING BOARD OF APPEALS MEMBER

b. Department, Agency, or other Governmental Agency or Entity:

ZBA

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.

Address & S.B.L. Number

Primary: 440 LAKE, 115.20-2-13

Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).

Position

Organization

Address of Organization

NA

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donors and dollar amount: *(If none, please state not applicable, NA).*

No

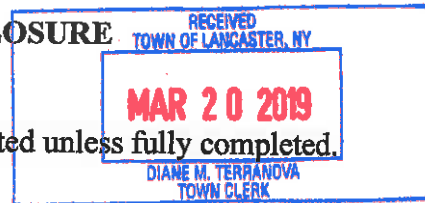
Signature of Reporting Individual

Jill Monacelli

Date

1/21/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Linda L. Miller
Address: 1 Nashua Ct, Lancaster, N.Y. 14086
Phone Number: 716-683-6853

2. a. Title of Town Position: DAPC - member

b. Department, Agency, or other Governmental Agency or Entity:

DAPC

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number

Primary: NA

Other: NA

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

NA
NA

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

NA

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NA

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

NA

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NA

Signature of Reporting Individual

Linda L. Miller

Date

1-19-19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

RECEIVED
TOWN OF LANCASTER, NY

MAR 20 2019

DIANE M. TERRANOVA
TOWN CLERK

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: Ann Murphy
Address: 5137 Willowbrook Dr. W. Clarence
Phone Number: 406-9164

2. a. Title of Town Position: DIAPC Board

b. Department, Agency, or other Governmental Agency or Entity:

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number

Primary: _____

Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

n/a

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

n/a

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

n/a

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

n/a

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donors and dollar amount: *(If none, please state not applicable, NA).*

n/a

Signature of Reporting Individual

Ane Murphy

Date 3/20/2019

JAN 17 2019

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: JESSE NIKONOWICZ
Address: 138 GRANT ST. DEPEW, N.Y. 14043
Phone Number: 716 683-4133 cell 716 912-1199
2. a. Title of Town Position: MEMBER, INDUSTRIAL DEV. AGENCY.
b. Department, Agency, or other Governmental Agency or Entity:
LDIA
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*
Address & S.B.L. Number
Primary: NONE
Other: _____
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>NONE</u>		

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

NONE

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NONE

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

NONE

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual

Jesse N. Konowicz

Date

1/17/2019

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

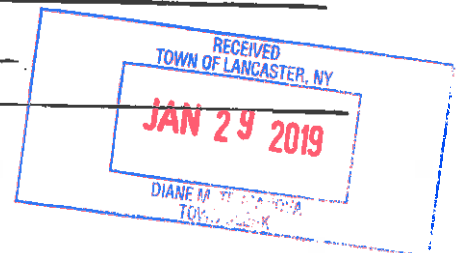
For Calendar Year 2019

1. Name: KENNETH L. O'BRIEN III
Address: 29 LAKESIDE CRES LAKE NY 14086
Phone Number: (716) 681 8472

2. a. Title of Town Position: LIDA - Member

b. Department, Agency, or other Governmental Agency or Entity:

LIDA
Village of LANCASTER' Trustees (VOL)



3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.

Address & S.B.L. Number

Primary: 29 LAKESIDE CRES LAKE 115.35.3-17
Other: 13 PARKVIEW CT LAKE 115.57.2-13

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).

Position

Organization

Address of Organization

<u>VOL TRUSTEE</u>	<u>VOL</u>	<u>5740 Blwy</u>
<u>Board Member</u>	<u>LIDA</u>	<u>Central Ave</u>

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

MIT Bank, Foxconn Plasma Bf10 VP

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

N/A

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NO

Signature of Reporting Individual

James H. R. Smith III

Date

1/22/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

RECEIVED
TOWN OF LANCASTER, NY
APR 11 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: William J. Ostrander
Address: 200 Enchanted Forest - 14043
Phone Number: 716-570-4141

2. a. Title of Town Position: Member, LIDA

b. Department, Agency, or other Governmental Agency or Entity:

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.

Address & S.B.L. Number

Primary: 200 Enchanted Forest - Depew, NY 14043 126-10-2-104

Other: 1718 Canal Road - Lancaster 14046 115-05-2-31-3
(Radio One Properties, LLC)

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>Owner</u>	<u>Radio One Buffalo, LLC</u>	<u>2900 Genesee St. Buffalo NY 14225</u>

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

Radio One Buffalo, LLC 2900 Genesee St Buffalo, NY 14221 owner

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

N/A

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual

Date

3-17-19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: John Ostrowski
Address: 55 Gordon Ave Lancaster NY 14086
Phone Number: 716-573-6530

2. a. Title of Town Position: Assessment Review Board

b. Department, Agency, or other Governmental Agency or Entity:

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.

Address & S.B.L. Number

Primary: 55 Gordon Ave #145203-115 110-0017-02700

Other: 115 Crane #145201-104-070-0001-010-100

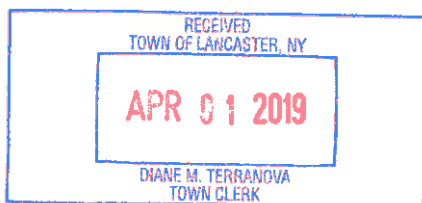
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).

Position

Organization

Address of Organization

N/A



5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

John Ostrowski Inc

President

55 Gordon Ave

Cananda NY 14086

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

Realtor

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

8. Have you personally accepted any gifts or donations with a value of \$75 or more? List donors and dollar amount: *(If none, please state not applicable, NA).*

N/A - NO

Signature of Reporting Individual

Date

3/19/2019

File:codethic2018

EMPLOYEE ACKNOWLEDGMENT FORM

I have received a copy of the Town of Lancaster Harassment Prevention Policy adopted by the Town Board on March 18, 2019. I agree to review the policy and abide by it at all times.

John T. Ostrowski
Employee Name (Please Print)

[Signature]
Employee Signature

3/30/2019
Date

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: John Parker
Address: 66 Bloomfield Ave, Depew, NY 14043
Phone Number: 684-3761

2. a. Title of Town Position: Youth Bd member

b. Department, Agency, or other Governmental Agency or Entity:

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.

Address & S.B.L. Number

Primary: 66 Bloomfield Ave, Depew, NY

Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).

Position

Organization

Address of Organization

NA

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

NA

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

NA

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

NA

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NA

Signature of Reporting Individual

John I. Parker

Date

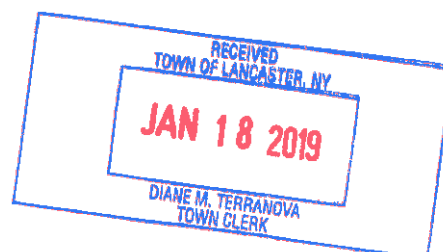
4-5-2019

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER**

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019

1. Name: DAN PAVELIACK
Address: 2 PINETREE DR.
Phone Number: 283 - 4221
2. a. Title of Town Position: YOUTH BUREAU BOARD OF DIRECTORS
- b. Department, Agency, or other Governmental Agency or Entity:
SAME
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*
- Address & S.B.L. Number N/A
Primary: _____
Other: _____
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*
- | <u>Position</u> | <u>Organization</u> | <u>Address of Organization</u> |
|-----------------|---------------------|--------------------------------|
| <u>N/A</u> | | |
| | | |



5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than *five percent (5%) of the issued and outstanding stock or other ownership rights*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

N/A

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

N/A

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual

Date